

(G) (F) Any NF or ICF-MR violating provisions defined in paragraphs (A)(7) and (A)(8) of this rule will be subject to a penalty in accordance with provisions of section 5111.99 of the Revised Code.

(G) THE CDHS SHALL USE THE "FACILITY/CDHS TRANSMITTAL" (ODHS 9401) TO INFORM THE NES AND ICES-MR OF ANY INFORMATION REGARDING A SPECIFIC RESIDENT NECESSARY FOR MAINTENANCE OF CURRENT AND ACCURATE PAYMENT RECORDS AT THE CDHS AND THE FACILITY.

Proposed Effective Date July 1, 1997

EFFECTIVE DATE: JUL 01 1997

CERTIFICATION: *Carol R. Torgli*  
JUN 20 1997  
 DATE

PROMULGATED UNDER: RC CHAPTER 119.

STATUTORY AUTHORITY: RC SECTION 5111.02

RULE AMPLIFIES: RC SECTIONS 5111.01, 5111.02, 5111.22, 5111.31

PRIOR EFFECTIVE DATES: 7/3/80, 7/7/80, 9/1/82, 11/10/83, 1/30/85 (EMER.), 7/1/85, 8/1/87, 9/30/87 (EMER.), 12/28/87, 3/30/88, 1/1/95

HCFA-79 # 97-19 Date Rec'd OCT 31 1997  
 Supersedes 87-34 Date Rec'd 2/1/97  
 State Rep. In 8H

LEGISLATIVE  
SERVICES  
DIVISION

34 DEC 22 AM : 48

5101:3-3-04 AVAILABILITY OF PAYMENT DURING THE OHIO DEPARTMENT OF HUMAN SERVICES (ODHS) ADMINISTRATIVE APPEALS PROCESS FOR DENIAL OR TERMINATION OF A PROVIDER AGREEMENT.

- (A) PAYMENT SHALL CONTINUE FOR MEDICAID-COVERED SERVICES PROVIDED TO ELIGIBLE RESIDENTS DURING THE APPEAL OF, AND THE PROPOSED TERMINATION OR NONRENEWAL OF, A NURSING FACILITY (NF) OR AN INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED (ICF-MR) PROVIDER AGREEMENT WHERE ODHS IS REQUIRED TO PROVIDE AN ADJUDICATORY HEARING PURSUANT TO CHAPTER 119. OF THE REVISED CODE. PAYMENT SHALL NOT BE MADE UNDER THIS PROVISION FOR SERVICES RENDERED ON OR AFTER THE EFFECTIVE DATE OF ODHS ISSUANCE OF A FINAL ORDER OF ADJUDICATION PURSUANT TO CHAPTER 119. OF THE REVISED CODE, EXCEPT AS PROVIDED IN PARAGRAPH (B) OF THIS RULE.
- (B) PAYMENT MAY BE PROVIDED UP TO THIRTY DAYS FOLLOWING THE EFFECTIVE DATE OF TERMINATION OR NONRENEWAL OF A NF OR ICF-MR PROVIDER AGREEMENT; OR AFTER AN ADMINISTRATIVE HEARING DECISION THAT UPHOLDS THE ODHS TERMINATION OR NONRENEWAL ACTION. PAYMENT WILL BE AVAILABLE IF BOTH OF THE FOLLOWING CONDITIONS ARE MET:
- (1) PAYMENT IS FOR RESIDENTS ADMITTED TO THE NF OR ICF-MR BEFORE THE EFFECTIVE DATE OF TERMINATION OR EXPIRATION; AND
  - (2) THE NF OR ICF-MR COOPERATES WITH THE STATE, LOCAL, AND FEDERAL ENTITIES IN THE EFFORT TO TRANSFER RESIDENTS TO OTHER NFS; ICFS-MR; INSTITUTIONS; OR COMMUNITY PROGRAMS THAT CAN MEET THE RESIDENTS NEEDS.
- (C) WHEN ODHS ACTS UNDER INSTRUCTIONS FROM THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES, PAYMENT ENDS ON THE TERMINATION DATE SPECIFIED BY THAT AGENCY.

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REPLACES RULE 5101:3-3-014

EFFECTIVE DATE:

JAN 01 1995

CERTIFICATION:

DEC 22 1994

DATE

PROMULGATED UNDER:

RC CHAPTER 119.

STATUTORY AUTHORITY:

RC SECTION 5111.02

RULES AMPLIFIES:

RC SECTIONS 5111.01, 5111.02, 5111.06, 5111.21

PRIOR EFFECTIVE DATES:

3/18/88 (EMER.), 6/16/88

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5101:3-3-012      FACILITY CERTIFICATIONS.

ON AND AFTER OCTOBER 1, 1990, SKILLED NURSING FACILITIES (SNFS), INTERMEDIATE CARE FACILITIES (ICFS), AND DUALY CERTIFIED INTERMEDIATE CARE AND SKILLED NURSING FACILITIES (ICF/SNFS) WILL BE CONSIDERED NURSING FACILITIES (NFS). ANY REFERENCE TO SNFS, ICFS, OR ICF/SNFS IN OTHER DOCUMENTS, REPORTS, OR CHAPTERS 5101:3-1 AND 5101:3-3 OF THE ADMINISTRATIVE CODE SHALL MEAN NFS.

NFS SHALL NOT MEAN INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICFS-MR).

EFFECTIVE DATE: \_\_\_\_\_

CERTIFICATION: \_\_\_\_\_

\_\_\_\_\_  
DATE

PROMULGATED UNDER RC CHAPTER 119.

STATUTORY AUTHORITY RC SECTION 5111.02

RULE AMPLIFIES RC SECTION 5111.01, 5111.02, 5111.011

PRIOR EFFECTIVE DATE: 10/1/90 (EMER.)

*Proposed Effective Date December 31, 1990*

TNS # 90-48 APPROVAL DATE 2-5-91  
SUPERSEDES  
TNS # 90-11 EFFECTIVE DATE 12/31/90

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ELIGIBLE PROVIDERS AND PROVIDER TYPES.

- (A) SERVICES MAY ONLY BE PROVIDED BY THE NURSING FACILITY (NF), INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED (ICF-MR), OR AN INSTITUTION WHICH IS CERTIFIED BY THE OHIO DEPARTMENT OF HEALTH (ODH) AND WHICH HAS EXECUTED A CURRENTLY EFFECTIVE PROVIDER AGREEMENT WITH THE OHIO DEPARTMENT OF HUMAN SERVICES (ODHS).
- (B) THE TYPES OF CERTIFIED FACILITIES WHICH MAY PARTICIPATE IN THE MEDICAID PROGRAM ARE:
- (1) GENERAL NURSING FACILITIES (NFS);
  - (2) INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED/DEVELOPMENTALLY DISABLED (ICFS-MR/DD);
  - (3) MEDICARE SKILLED NURSING FACILITIES (SNFS);
  - (4) MEDICARE SKILLED NURSING AND NURSING FACILITIES (SNFS/NFS).
- (C) ALL BEDS, EXCEPT THOSE BEDS ADDED BETWEEN JULY 1, 1987 AND JULY 1, 1993, IN A PARTICIPATING FACILITY MUST BE SURVEYED TO DETERMINE COMPLIANCE WITH THE APPLICABLE CERTIFICATION STANDARDS AND, IF CERTIFIABLE, AS PROVIDED IN RULE 5101:3-3-013 ("MORATORIUM: NURSING FACILITY (NF) BEDS") OF THE ADMINISTRATIVE CODE, INCLUDED IN THE PROVIDER AGREEMENT UNDER ONE OF THE CERTIFICATION CATEGORIES LISTED IN PARAGRAPH (B) OF THIS RULE. CERTIFICATION OF NONCOMPLIANCE BY ODH OR EXCLUSION FROM A PROVIDER AGREEMENT UNDER RULE 5101:3-3-013 OF THE ADMINISTRATIVE CODE ARE THE ONLY BASES FOR A NONPARTICIPATING AREA (DISTINCT PART) OF A FACILITY.
- (1) PARTICIPATING FACILITIES MAY REQUEST CERTIFICATION AS NFS. ALL BEDS WHICH MEET NF STANDARDS SHALL BE CERTIFIED AS MEETING NF STANDARDS.
  - (2) PARTICIPATING FACILITIES MAY REQUEST CERTIFICATION AS ICFS-MR/DD. ALL BEDS WHICH MEET ICF-MR/DD STANDARDS SHALL BE CERTIFIED AS MEETING ICF-MR/DD STANDARDS.
  - (3) PARTICIPATING FACILITIES MAY REQUEST CERTIFICATION AS A SNF OR SNF-NF.

TNS # 94-07 APPROVAL DATE 10-28-94  
SUPERSEDES  
TNS # 94-03 EFFECTIVE DATE 10/1/94

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- (C) IF SUCH BEDS DO NOT MEET THE STANDARDS FOR SNF CARE BUT DO MEET THE STANDARDS FOR NF CARE, THEY SHALL BE CERTIFIED AS MEETING THE STANDARDS FOR NF CARE.
- (4) PARTICIPATING FACILITIES SHALL HAVE ALL MEDICARE SKILLED NURSING BEDS CERTIFIED UNDER MEDICAID AND INCLUDED IN THE MEDICAID PROVIDER AGREEMENT.
- (D) DISTINCT PARTS OF A FACILITY MAY BE DESIGNATED AT DIFFERENT CERTIFICATION LEVELS IN ACCORDANCE WITH PARAGRAPHS (B) and (C) OF THIS RULE AS LONG AS THE DISTINCT PART DESIGNATION IS APPROVED IN WRITING BY ODH.

REPLACES RULE: 5101:3-3-01

EFFECTIVE DATE: \_\_\_\_\_

CERTIFICATION: \_\_\_\_\_

\_\_\_\_\_  
DATE

PROMULGATED UNDER: RC CHAPTER 119.

STATUTORY AUTHORITY: 5111.02

RULES AMPLIFIES: RC SECTIONS 5111.01, 5111.02, 5111.27, 5111.29

PRIOR EFFECTIVE DATES: 4/7/77, 7/1/80, 8/1/82, 1/30/85 (EMER.), 6/1/85, 9/30/87 (EMER.), 9/30/93 (EMER.)

TNS # 94-07 APPROVAL DATE 10-28-94  
SUPERSEDES  
TNS # 94-03 EFFECTIVE DATE 10/1/94

5101:3-3-128 Resident review process: physician orders.

- (A) For resident review purposes, all dated and signed physician orders are current for sixty days from the date the orders were given by the physician and dated. THE DATED PHYSICIAN'S SIGNATURE MUST APPEAR AFTER THE LAST ORDER OF EACH DATED ENTRY WITH NO ADDITIONAL ORDERS BETWEEN THE LAST ENTRY AND THE PHYSICIAN'S SIGNATURE.
- (B) Telephone and/or verbal physician orders are considered to be current for sixty days from the date that the order was received by the licensed nurse. ~~The~~ EACH telephone and/or verbal physician ~~orders~~ ORDER must be signed and dated within this sixty-day time period.
- (C) A five-day extension of this time period will be established to provide for a reasonable delay due to weekends, holidays and months with thirty-one days. This five-day extension is not applicable to the physician's order if the order includes the certification/recertification statement.
- (D) For reimbursement purposes, credit is awarded for implementation of telephone and/or verbal physician orders if the orders are signed ~~and dated~~ by the physician within the sixty-day time limit AND DATED.
- (E) Telephone and verbal physician orders must be signed and dated by the licensed nurse who receives the order. PHYSICIAN ORDERS RECEIVED BY ANY LICENSED PROFESSIONAL OTHER THAN A LICENSED NURSE MUST BE DONE SO UNDER AUTHORITY GRANTED BY THE APPROPRIATE LICENSING BOARD, E.G., OCCUPATIONAL OR PHYSICAL THERAPISTS.
- (F) Statements such as "continue previous orders" are confusing and, therefore, are acceptable only if referenced to a specific dated physician order(s).
- (G) Other regulatory agencies, such as the Ohio department of health, specify procedures regarding physician orders. The aforementioned statement of policy and procedure ~~are~~ IS designed for medicaid reimbursement purposes only.
- (H) PHYSICIAN ORDERS INVOLVING MORE THAN ONE PAGE REQUIRE THE DATED PHYSICIAN'S SIGNATURE ON EACH INDIVIDUAL PAGE.

*Proposed Effective Date August 1, 1989*

TNS # 89-26  
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TNS # 87-9

APPROVAL DATE 11/13/89  
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(I) The procedures listed below must be followed in regard to physician orders:

- (1) All orders are dated when the physician signs the order.
- (2) Telephone or verbal physician orders are written, dated and signed by the LICENSED PROFESSIONAL PURSUANT TO PARAGRAPH (E) OF THIS RULE OR licensed nurse receiving the order.
- (3) Standing orders which have been utilized are transcribed to the current physician order sheet, designated as a standing order, and signed by the physician within the sixty-day time limit AND DATED.

~~(H)~~ (J) Noncompliance with the procedures listed above results in nonsubstantiation of need for the specific interventions ordered by the physician.

(K) THE PHYSICIAN CERTIFICATION/RECERTIFICATION STATEMENT IS NOT CONSIDERED AN ORDER. FOR RULES RELATING TO THE PHYSICIAN CERTIFICATION/RECERTIFICATION REQUIREMENTS, SEE RULE 5101:3-3-124 ("RESIDENT REVIEW PROCESS: FACILITY CERTIFICATION/RECERTIFICATION STATEMENT") OF THE ADMINISTRATIVE CODE.

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Effective date: \_\_\_\_\_

Certification: \_\_\_\_\_

\_\_\_\_\_ Date

Promulgated under RC Chapter 119.

Statutory Authority RCS 5111.02, 5111.29

Prior Effective Dates: 1/5/84 (Emer.), 4/1/84, 1/30/87 (Emer.),  
5/1/87, 8/1/89 (Emer.)

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5101:3-3-129 Resident review process: professional services review process.

(A) The resident review ~~standards~~ PROCESS ~~provide~~ PROVIDES for professional consultants to conduct professional reviews in the following specialized areas: ~~Gerontological nursing practices~~ PRACTICE; occupational therapy; physical therapy; psychological therapy; speech, ~~language,~~ and audiology ~~therapies~~ SERVICES; or other specialized therapies or services. ~~The professional review process is initiated by the registered nurse specialist when concerns regarding the appropriateness and need for specialized therapies arise during the LTCF review. The registered nurse specialist is qualified to identify potential concerns of other specialized therapies.~~ The process of THE professional services review is as follows:

- (1) THE PROFESSIONAL SERVICES REVIEW PROCESS IS INITIATED BY THE REVIEWER WHEN CONCERNS REGARDING THE APPROPRIATENESS AND NEED FOR SPECIALIZED THERAPIES ARISE DURING THE LTCF REVIEW.
- ~~(1)~~ (2) The ~~nurse~~ reviewer identifies potential inconsistencies and/or problems in specific therapies or practices relating to the resident review ~~standards~~ PROCESS.
- ~~(2)~~ (3) The ~~nurse~~ reviewer discusses the inconsistency and/or problem with the LTCF representative or therapist, if available, during the LTCF review.
- ~~(3)~~ (4) Unresolved problems are stated and documented in the exit conference and include identification of specific records. The REVIEW TEAM supervisor, bureau of resident services, is notified of the problem and gives recommendations.
- ~~(4)~~ (5) Copies of the specific assessments, plans, and service delivery records are supplied and attached to the records of the review and are forwarded to the bureau of resident services. If copies of records cannot be made during the review process, the LTCF must then submit copies within five working days to the bureau of resident services.

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APPROVAL DATE 11/13/89  
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- ~~(5)~~ (6) The bureau of resident services refers the information to the appropriate professional review consultant for preliminary review.
- ~~(6)~~ (7) The appropriate professional services review consultant visits the LTCF within forty-five days of the review, discusses the documentation with the LTCF therapist AND/OR NURSING REPRESENTATIVE, if available, and assesses the resident.
- ~~(7)~~ (8) The LTCF information forwarded to the bureau of resident services as well as the peer review consultant's findings are submitted to the professional services review board. The board will consist of three professional persons who are licensed in the practice area of the program under review. The professional services review board (PSRB) meets within ninety days of the review to reach a decision. LTCF and department representatives may attend the scheduled PSRB meeting to offer additional comments or information.
- ~~(8)~~ (9) PSRB informs the LTCF AND THE BUREAU OF RESIDENT SERVICES of the decision that will determine if a specific program for a specific resident WILL/will not be credited during the next review process.
- ~~(9)~~ (10) The professional services review process may be terminated at any of the listed steps in the outlined process, if the department and the provider are able to arrive at a mutually agreed-upon determination concerning the issue in question.
- (B) Credit is awarded at the time of the review and until the determination is made by the PSRB of the appropriateness of the therapies and/or practices in question.
- (C) Unresolved disputes are subject to rule 5101:3-1-57 ("PROCESS FOR PROVIDER APPEALS FROM PROPOSED DEPARTMENTAL ACTIONS") of the Administrative Code.

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